SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) (che for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE		8	OF	. ;	352		
(check only one)											
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements r	nay not be solo address of any	d or used by any political commit	persor	n for the solicit co	purpose o	f soliciting from such	contribu	ıtions Itee.		
NAME OF COMMITTEE (In Full) Cain for Congress											
Full Name (Last, First, Middle Initial) ACTBLUE					5	.					
Mailing Address PO Box 382110					Date of Receipt 12 31 2015						
City	State	Zip Code		т,	ransactio	on ID : VNV	/T5F4B8D9)F	_		
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Full Name (Last, First, Middle Initial) Diana B Allen					Date of	Receipt					
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